## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

8370G-0001 (GP-36590)

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                      |                                                                                       |                                           |              |                                   |              |                  |          | SMALL ENTITY TYPE  |                        |          | OTHER THAN OR SMALL ENTITY |                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------|--------------|-----------------------------------|--------------|------------------|----------|--------------------|------------------------|----------|----------------------------|------------------------|--|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                        |                                                                                       |                                           | 28           |                                   |              |                  |          | RATE               | FEE                    | <b>1</b> | RATE                       | FEE                    |  |
| FOR                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                           | NUMBER FILED |                                   | NUMBER EXTRA |                  |          | BASIC FEE          | 375.00                 | OR       | BASIC FEE                  | 750.00                 |  |
| TC                                                                                                                                                                                                                                                                                                                  | TAL CHARGEA                                                                           | ABLE CLAIMS                               | 36 minus 20= |                                   | * 18         |                  |          | X\$ 9=             |                        | OR       | X\$18=                     | 324                    |  |
| IND                                                                                                                                                                                                                                                                                                                 | EPENDENT CI                                                                           | _AIMS                                     | 5 mi         | nus 3 =                           | * 7          | -                |          | X42=               |                        | 1        | X84=                       | 1/6                    |  |
| MU                                                                                                                                                                                                                                                                                                                  | ILTIPLE DEPEN                                                                         | IDENT CLAIM P                             | RESENT       |                                   |              |                  |          |                    |                        | OR       |                            | 100                    |  |
| * If the difference in column 1 is less than zero, enter "0" in column                                                                                                                                                                                                                                              |                                                                                       |                                           |              |                                   |              | column 2         |          | +140=              |                        | OR       | +280=                      |                        |  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                         |                                                                                       |                                           |              |                                   |              |                  |          | TOTAL              |                        | OR       | TOTAL                      | 1242                   |  |
|                                                                                                                                                                                                                                                                                                                     |                                                                                       | (Column 1)                                | (Column 2)   |                                   |              | (Column 3)       | _        | SMALL ENTITY       |                        |          | OTHER THAN OR SMALL ENTITY |                        |  |
| AMENDMENT A                                                                                                                                                                                                                                                                                                         |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHI<br>NUME<br>PREVIC<br>PAID I | BER<br>OUSLY | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                     | Total                                                                                 | *                                         | Minus        | **                                |              | =                |          | X\$ 9=             |                        | OR       | X\$18=                     |                        |  |
| AME                                                                                                                                                                                                                                                                                                                 | Independent                                                                           | *                                         | Minus        | ***                               |              | =                |          | X42=               |                        | OR       | X84=                       |                        |  |
| L                                                                                                                                                                                                                                                                                                                   | FIRST PRESE                                                                           | NTATION OF MI                             | JLTIPLE DEF  | PENDENT                           | CLAIM        |                  |          | +140=              |                        | OR       | +280=                      |                        |  |
|                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                           |              |                                   |              |                  | L        | TOTAL              |                        |          | TOTAL                      |                        |  |
|                                                                                                                                                                                                                                                                                                                     |                                                                                       | (Column 1)                                |              | (Colun                            | nn 2)        | (Column 3)       | ,        | ADDIT. FEE         |                        | 10       | ADDIT. FEE                 |                        |  |
| AMENDMENT B                                                                                                                                                                                                                                                                                                         |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHI<br>NUME<br>PREVIO<br>PAID F | BER<br>OUSLY | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| VON                                                                                                                                                                                                                                                                                                                 | Total                                                                                 | *                                         | Minus        | **                                |              | =                |          | X\$ 9=             |                        | OR       | X\$18=                     |                        |  |
| AME                                                                                                                                                                                                                                                                                                                 | Independent                                                                           | *                                         | Minus        | ***                               | 01.4114      | =                |          | X42=               |                        | OR       | X84=                       |                        |  |
|                                                                                                                                                                                                                                                                                                                     | FINOT PRESE                                                                           | NTATION OF MU                             | JETIPLE DEF  | ENDENT                            | CLAIM        |                  | <b>'</b> | +140=              |                        | OR       | +280=                      |                        |  |
|                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                           |              |                                   |              |                  | L        | TOTAL<br>DDIT, FEE |                        |          | TOTAL<br>ADDIT. FEE        |                        |  |
|                                                                                                                                                                                                                                                                                                                     |                                                                                       | (Column 1)                                |              | (Colum                            |              | (Column 3)       | _        | ODII, FEE N        |                        |          | ADDII. FEE                 |                        |  |
| AMENDMENT C                                                                                                                                                                                                                                                                                                         |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>BUSLY | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                     | Total                                                                                 | *                                         | Minus        | **                                |              | =                |          | X\$ 9=             |                        | OR       | X\$18=                     |                        |  |
|                                                                                                                                                                                                                                                                                                                     | Independent                                                                           | *                                         | Minus        | ***                               | CI AIL       | =                |          | X42=               |                        | OR       | X84=                       |                        |  |
|                                                                                                                                                                                                                                                                                                                     | rinoi Prese                                                                           | NTATION OF MU                             | JETTPLE DEF  | ENUENT                            | CLAIM        | Ш                | \<br>    | +140=              |                        |          |                            |                        |  |
| *                                                                                                                                                                                                                                                                                                                   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                           |              |                                   |              |                  |          |                    |                        | OR       | +280=<br>TOTAL             |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                       |                                           |              |                                   |              |                  |          |                    |                        |          |                            |                        |  |